

State of Delaware - Affidavit for Absentee Ballot - General or Special Election

Complete Column "I" and then complete Section "A" or "B" as appropriate.

Column "I"

PLEASE PRINT LEGIBLY

Full Name: _____

Address of your home in Delaware: _____

Date of Birth: _____

SSN(optional): _____

Political Party
Affiliation: _____

Telephone Number: _____

Email Address: _____

Address to which ballot is to be mailed if it is different
than the Delaware address written above:

I request a ballot for the following elections:

☐ Primary ☐ General ☐ Special ☐ All elections

NOTE: Public School Elections require a different affidavit.

BELOW IS FOR OFFICE USE ONLY

ED: _____ RD: _____ Style: _____

Mail ☐ In Person ☐ ID: _____ Party: _____

Date Affidavit Returned: _____

Voucher Number: _____

Date Ballot Mailed: _____

Section "A"

THIS SECTION DOES NOT
HAVE TO BE NOTARIZED.

Complete this section if you are temporarily or permanently physically disabled or if you cannot go to your polling place because of one of the other reasons listed below.

I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my regular polling place during the forthcoming election(s) for the reason checked below and that the information contained herein is true.

Check the appropriate box below:

- ☐ I am sick, or temporarily or permanently physically disabled.
- ☐ I am in public service of the U.S. or the State of Delaware.
- ☐ I am a spouse or dependent residing with or accompanying a person temporarily residing outside the territorial limits of the United States and the District of Columbia.

Signature of voter: _____

My expected location on election day is:

Telephone number at my expected location on Election Day:

Date: _____

Section "B"

THIS SECTION MUST BE NOTARIZED.

Complete this section if you cannot go to your polling place for one of the reasons listed below.

I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my regular polling place during the forthcoming election(s) for the reason checked below and that the information contained herein is true.

Check the appropriate box below:

- ☐ Due to the nature of my business or occupation (this includes students).
- ☐ I am incarcerated.
- ☐ I am absent from the district while on vacation.
- ☐ Due to the tenets or teachings of my religion.

Signature of voter: _____

My expected location on Election Day is:

Telephone number at my expected location on Election Day: _____

Subscribed and sworn to before me this _____

Day of _____

NOTARY: _____